

**BRAZORIA COUNTY DISTRICT CLERK
RHONDA BARCHAK**

Process Request

Please Print All Information Clearly & Neatly

Cause No. _____ For each party served you must furnish 1 copy of the document(s).

DOCUMENT(S) TO BE SERVED _____

Name/Business to be Served:

1. Name _____

Registered Agent (if applicable) _____

Address _____

City, State, Zip _____

2. Name _____

Registered Agent (if applicable) _____

Address _____

City, State, Zip _____

Service By (check one)

____ Sheriff

____ Certified Mail

____ Citation by Posting at Courthouse Door

____ Pickup by whom: _____

____ Return by mail to: _____

____ Citation by Publication (Please fill out the box below)

☐ Divorce/Family Citation with or without Children

Name and Address of Publication: _____

Relief Request Required: _____

Date of Birth/Place of Birth for Each Child Required: _____

☐ Civil

****As per TRCP 115, attach legal description of property if applicable and state relief requested**

Name and Address of Publication: _____

Relief Request Required: _____

Property Description: _____

Notes: _____

Service Requested by:

Name _____

Printed name

Signature

Phone No. _____ Email _____